

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 3-31-09		2.a. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 3-3-09	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 5896 BRAINERD RD CHATTANOOGA TN 37411 423-855-4141			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 312 BASS RD CHATTANOOGA TN 37421 423-892-6631			
5. OFFICE SOUGHT (include district number, if applicable) CHATTANOOGA CITY COUNCIL-DISTRICT 6		6. NAME OF POLITICAL TREASURER (may be candidate) JASON FORD	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-POST GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 2-22-09		8.b. ENDING DATE OF REPORTING PERIOD 3-31-09	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. X [Signature] 4/8/09 [Signature] 4/8/09 signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE X [Signature] 4/8/09 X [Signature] 4/8/09 signature of witness date signature of witness date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ 14,716.77 b. TOTAL RECEIPTS THIS PERIOD \$ 1,925.00 c. TOTAL DISBURSEMENTS THIS PERIOD \$ 13,266.34 d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 3,375.43 e. TOTAL LOANS OUTSTANDING \$ -0- f. TOTAL OBLIGATIONS OUTSTANDING \$ -0-			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) CAROL BERZ		14. REPORT COVERING THE PERIOD	
		FROM: 2-22-09	TO: 3-31-09

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)

\$ 275.00

b. Itemized Contributions (over \$100 from each source this period)

\$ 1650.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)

\$ 1925.00

16. LOANS RECEIVED THIS REPORTING PERIOD

17. INTEREST RECEIVED THIS REPORTING PERIOD

\$ -0-

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)

\$ 1925.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

FOOD

\$ 279.59

OFFICE SUPPLIES

\$ 358.11

UTILITIES

\$ 78.04

FUEL

\$ 72.91

\$

\$

\$

\$

\$

\$

Total of Expenditures (\$100 or less each payee)

\$ 788.65

b. Itemized Expenditures (Over \$100 each payee this period)

\$ 9977.69

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)

\$ 10,766.34

20. LOAN REPAYMENTS MADE THIS PERIOD

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)

\$ 13,266.34

22.IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)

\$ -0-

b. Itemized in-kind contributions (over \$100 from each source this period)

\$ 1300.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)

\$ 1300.00

23.OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)

\$ -0-

b. Itemized Obligations Outstanding (Over \$100 each)

\$ -0-

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)

\$ -0-



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ				2. REPORT COVERING THE PERIOD FROM: 2-22-09 TO: 3-31-09			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount -0-			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)		250.00	
City		State	Zip Code	Date of Contribution		Aggregate This Election	
CHATTANOOGA		TN	37401	2-28-09		250.00	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)		500.00	
City		State	Zip Code	Date of Contribution		Aggregate This Election	
CHATTANOOGA		TN	37408	2-28-09		500.00	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)		500.00	
City		State	Zip Code	Date of Contribution		Aggregate This Election	
CHATTANOOGA		TN	37406	2-28-09		500.00	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)		200.00	
City		State	Zip Code	Date of Contribution		Aggregate This Election	
CHATTANOOGA		TN	37406	2-28-09		200.00	
Occupation							
Employer							
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						1450.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ			2. REPORT COVERING THE PERIOD FROM: 2-22-09 TO: 3-31-09		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1450.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name JOANNE FAVORS CAMPAIGN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	200.00
Address P.O. BOX 16069				<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTAHOOGA	State TN	Zip Code 37416		Date of Contribution 2-28-09	Aggregate This Election 200.00
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					1650.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ				2. REPORT COVERING THE PERIOD FROM: 2-22-09 TO: 3-31-09			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount -0-			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		300.00	
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
P.O. Box 60125				Date of In-Kind Contribution		Aggregate this Election	
2-9-09				300.00			
City		State		Zip Code		Description of In-Kind Contribution	
CHARLOTTE		NC		28260		BILLBOARD ADVERTISING SRVCS	
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		1,000.00	
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
2200 21ST AVENUE SOUTH, STE 309				Date of In-Kind Contribution		Aggregate this Election	
3-6-09				1,000.00			
City		State		Zip Code		Description of In-Kind Contribution	
NASHVILLE		TN		37212		OFFICE SPACE FOR CAMPAIGN HQ	
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
				Date of In-Kind Contribution		Aggregate this Election	
City		State		Zip Code		Description of In-Kind Contribution	
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
				Date of In-Kind Contribution		Aggregate this Election	
City		State		Zip Code		Description of In-Kind Contribution	
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
				Date of In-Kind Contribution		Aggregate this Election	
City		State		Zip Code		Description of In-Kind Contribution	
Occupation		Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)				1,300.00			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ			2. REPORT COVERING THE PERIOD FROM: 2-22-09 TO: 3-31-09	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount -0-	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name U.S. POSTMASTER			POSTAGE	795.16
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name DIVERSIFIED COMPANIES, LLC			PRINTING & MAILING SERVICES	2917.29
Address 3721 POWERS COURT				
City CHATTANOOGA	State TN	Zip Code 37416		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CHATTANOOGA NEWS CHRONICLE			ADVERTISEMENT	400.00
Address P.O. Box 4505				
City CHATTANOOGA	State TN	Zip Code 37405		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name ELECTRIC POWER BOARD			ELECTRIC POWER SERVICES @ HQ	141.22
Address				
City CHATTANOOGA	State TN	Zip Code 37422		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name AT&T			PHONE & INTERNET SERVICES @ HQ	162.61
Address P.O. Box 538641				
City ATLANTA	State GA	Zip Code 30353		
First Name SUSAN		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name DISTEFANO			CAMPAIGN CELEBRATION DINNER EXPENSES	241.12
Address 4121 ST ELMO				
City CHATTANOOGA	State TN	Zip Code 37409		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				4657.40

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ			2. REPORT COVERING THE PERIOD	
			FROM: 2-22-09	TO: 3-31-09
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 4657.40	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name GREATHER	Middle Name	Purpose of Expenditure PHONE BANKING SERVICES		Amount of Expenditure 405.00
Last Name/Business Name TINKER				
Address 4405 LUNA LN				
City CHATANOOGA	State TN	Zip Code 37411		
First Name NADINE	Middle Name	Purpose of Expenditure PHONE BANKING SERVICES		Amount of Expenditure 270.00
Last Name/Business Name VARNELL				
Address 803 EDDING ST				
City CHATANOOGA	State TN	Zip Code 37411		
First Name TERRI LYNN	Middle Name	Purpose of Expenditure PHONE BANKING SERVICES		Amount of Expenditure 270.00
Last Name/Business Name VARNELL				
Address 719 BELLE VISTA AVE				
City CHATANOOGA	State TN	Zip Code 37411		
First Name CYNTHIA	Middle Name	Purpose of Expenditure PHONE BANKING SERVICES		Amount of Expenditure 270.00
Last Name/Business Name TAYLOR				
Address 112 LAWN ST				
City CHATANOOGA	State TN	Zip Code 37405		
First Name	Middle Name	Purpose of Expenditure CONSULTING SERVICES		Amount of Expenditure 2000.00
Last Name/Business Name DERRYBERRY PUBLIC RELATIONS, LLC				
Address 421 MARKET ST				
City CHATANOOGA	State TN	Zip Code 37402		
First Name	Middle Name	Purpose of Expenditure ELECTION VICTORY CELEBRATION REFRESHMENTS		Amount of Expenditure 247.69
Last Name/Business Name RIVERSIDE WINE & SPIRITS				
Address 600 MANUFACTURERS RD				
City CHATANOOGA	State TN	Zip Code 37405		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				8120.09



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAROL BERZ			2. REPORT COVERING THE PERIOD FROM: 2-22-09 TO: 3-31-09		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 8,120.09		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure ELECTION VICTORY CELEBRATION FOOD & REFRESHMENTS	Amount of Expenditure 775.00
Last Name/Business Name CAFE ROMAINE					
Address EASTGATE TOWN CENTER					
City CHATTANOOGA	State TN	Zip Code 37411			
First Name		Middle Name		Purpose of Expenditure FOOD & REFRESHMENTS FOR VOLUNTEERS, RECEPTION EVENTS SUPPLIES OFFICE SUPPLIES	Amount of Expenditure 485.81
Last Name/Business Name WALMART					
Address CHATTANOOGA LOCATIONS					
City CHATTANOOGA	State TN	Zip Code 37421			
First Name		Middle Name		Purpose of Expenditure PAPER & PRINTING SUPPLIES, PHOTO COPIES, CARDS, ENVELOPES & OFFICE SUPPLIES	Amount of Expenditure 596.79
Last Name/Business Name OFFICE DEPOT					
Address CHATTANOOGA LOCATIONS					
City CHATTANOOGA	State TN	Zip Code 37421			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					9,977.69



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
CAROL BERZ				FROM: 2-22-09		TO: 3-31-09	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
CAROL				2,500.00	-0-	2,500.00	-0-
Last Name/Organization Name				Loan Received For:		Date of Loan	
BERZ				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		11-21-07 2,000.00	
Address				<input type="checkbox"/> Runoff (Local Elections Only)		12-3-07 3,000.00	
312 BASS RD							
City	State	Zip Code					
CHATTANOOGA	TN	37421					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				2,500.00	-0-	2,500.00	-0-

